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ABSTRACT

This paper discusses three serious cognitive-emotive errors clients make when they are confronted with situations that block their important goals and how to act against self-defeating errors and move on to greater mental health and self-actualization. Three of the main ways in which clients think, feel, and act against their best interests are: (1) they evaluate their own performances and try to correct and improve them, but along with that they rate their total self, their being, their personhood; (2) people evaluate others' ideas and feelings, and they often make global ratings of others; (3) people rate their environmental conditions as good or bad. As such, clients are actively encouraged to achieve three highly important cognitive-emotive-behavioral states: (1) unconditional self-acceptance; (2) unconditional other-acceptance; and (3) high frustration tolerance. (EMK)

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Three Methods of Rational Emotive Behavior Therapy That Make My Psychotherapy Effective

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I could humorously say that the three things that make my psychotherapy most effective are me, me, me. But effective therapy means that clients do not merely feel better because a therapist gives them "paid friendship" and thereby rescues them temporarily from feelings of shithood. It also can mean their getting better in the present and future, independently of the therapist's support and approval.

Rational Emotive Behavior Therapy (REBT), which I have practiced for 43 years, holds that people get and stay better in many different ways but that they are most likely to do so when they accomplish their basic goals, desires, and preferences but also resist escalating them into unrealistic and grandiose absolutistic musts, demands, and imperatives. Unfortunately, however, they frequently make three serious cognitive-emotive errors when they are confronted with situations that block their important goals and interests. So I spend much of my therapeutic time showing my clients how to correct and act against self-defeating errors and how to move on to greater mental health and self-actualization.

Three of the main ways in which clients think, feel, and act against their best interests are these:

First, they evaluate or rate their own performances, at work, love, and recreational pursuits, and then sensibly try to correct and improve them. But along with rating how they think, feel, and act they also irrationally rate their total self, their being, their personhood. This is largely irrational and self-defeating, because all humans are quite fallible, frequently perform badly, and gain social disapproval. Their global self-ratings, therefore, lead to considerable anxiety and depression. When they do badly, they conclude that they are bad (Ellis, 1998; Ellis & Harper, 1997).

Second, people continually evaluate others' ideas, feelings, which help them to get along with these others, and to protect themselves from exploitation. But similar to their self-rating, they often make global ratings of others—of their general goodness or badness as persons. Frequently, therefore, they denigrate and hate people and not merely what they do. This human tendency to overgeneralize leads to considerable anger, fury, feuds, wars, genocide, and other kinds of destructiveness (Ellis & Blau, 1998; Ellis & Tafrate, 1997).

Third, people rate and evaluate their environmental conditions as favorable or unfavorable, good or bad. They thereby are able to improve or avoid "bad" conditions and to create better ones. But, once again, they often overgeneralize and condemn life as a whole, awfulize about the situation or world in which they reside, and turn their dislike of some conditions into "I can't stand it" horrors. They thereby create low frustration tolerance, depression, self-pity, and purposelessness (Ellis & Dryden, 1997; Ellis, Gordon, Neenan, & Palmer, 1997).

Naturally being an REBT practitioner, I use its theory of human disturbance. I assume that my clients frequently disturb themselves by, first, preferring but second, also demanding that they have to succeed at important tasks, that other people absolutely must treat them well, and that environmental conditions have to be better than, in fact, they are.

I further assume that my clients not only learnt heir harmful imperatives from their families, peers, teachers, and mass media—which nauseatingly promote them and reinforce them—but they also have their own innate tendencies to take their most important desires and raise them into grandiose demands. They are both socially prodded and inherently inclined to make their wishes into unrealistic necessities. Consequently, they may irrationally and rigidly hold on to them, even when they acknowledge their harm.

Nothing daunted—for if I fail as a therapist, I only acknowledge and try to correct my failing but never foolishly view myself as a failure—I jump strongly into the fray. As you might expect, I keep actively encouraging practically all my clients to achieve three highly important cognitive-emotive-behavioral states:

1. Unconditional Self-Acceptance (USA). I not only give them, as did Carl Rogers (1961), unconditional self-acceptance (USA), but I also forcefully teach them how to achieve this healthy state. Giving USA is good but has a great danger that they will mainly accept themselves because I (or some other therapist) accept them. But this is highly conditional acceptance. Outside of therapy very few individuals will unconditionally accept them and will often denigrate them. Therefore, they will tend to think, "Because I am not accepted by these people, I am an unlovable, worthless person." So I teach them, with cognitive as well as experiential-behavioral exercises, to choose to always accept themselves just because they are alive and human, whether or not they perform well or are approved by others. Or else I encourage them to take the unique REBT view that they can rate only their deeds as good or bad, in accordance with whether they fulfill their goals and purposes. But they can still refuse to rate themselves globally, to evaluate their personhood or being. If I help them choose unconditional self-acceptance, they will rarely feel depressed and anxious when, as is often the case, they may well be unachieving or be disapproved (Ellis & Harper, 1997).

2. Unconditional Other-Acceptance (UOA). In giving my clients unconditional acceptance as persons, even when they foolishly defeat themselves and treat me and others badly. I thus act as a model to encourage their working to achieve unconditional other-acceptance (UOA). This means that whatever other people do and however unfairly they act,

I show my clients how to accept the sinner though not his or her sins, to try to help others behave better, and to refuse to damn them as persons even when they act abominably. Conditional other-acceptance, like conditional self-acceptance, gives the message that people are only worthy if they perform satisfactorily and that otherwise they are damnable. It is socially learned but also seems to have innate propensities, since practically every one of us often hates other people and not merely their poor behaviors. Therefore, as a therapist I steadily teach unconditional other-acceptance in a number of cognitive, emotive, and behavioral ways. When I help my clients achieve a good measure of it, they surrender much of their rage, temper tantrums, and violence and do less physical and emotional harm to themselves and others (Ellis & Tafrate, 1997).

3. High Frustration Tolerance (HFT). Practically all clients have considerable low frustration tolerance (LFT) for both innate and acquired reasons. When faced with troubles, restrictions, and deprivations, they rationally try to decrease them and improve upon them. But they also irrationally define them as "awful" or "catastrophic" when they are merely uncomfortable. As noted above, they insist that serious frustrations absolutely must not exist and make themselves horrified, depressed, and self-pitying when, as humans often are, they are afflicted by them.

Assuming that many, and perhaps most, clients have considerable LFT, I do my best, using several cognitive, emotive, and behavioral methods, to help them achieve an attitude of higher frustration tolerance.

Specifically, I encourage them to believe and feel that however much they want something they definitely do not need it; to think and feel that it is not awful but only highly

inconvenient when they are deprived; to feel that they can stand what they don't like' and to solidly conclude that long-range hedonism, or striving for today's pleasures without neglecting tomorrow's, will often get them more of what they want and less of what they dislike. If I can help them to achieve considerably more high frustration tolerance than they had at the beginning of therapy, I find that they are distinctly benefited emotionally and that they usually get more life satisfactions (Ellis, Gordon, Neenan, & Palmer, 1997).

Human disturbance takes many forms, afflicts individuals in diverse ways, and is affected at times by various situations and conditions. Therefore, there is no single therapeutic technique that will always work or that can be consistently applied by a therapist in the "right" manner. Clients and their situations, as well as therapists and their situations, differ enormously. No perfect client-therapist-therapeutic procedure is likely to be achieved by any therapist for all of his or her clients. The human condition and the vagaries of life bar that eventuality.

I therefore am not claiming that the three therapy methods I highlight in this paper are panaceas nor that they will work for all clients and therapists all the time. But I have found them remarkably useful with many people with a variety of disturbances. I am eager to learn how effective other therapists find them.

References

Ellis, A. (1998). How to control your anxiety before it controls you. Secaucus, NJ: Carol Publishing Group.

Ellis, A., & Blau, S. (1998). Rational emotive behavior therapy. Directions in Clinical and Counseling Psychology, 8(4), 41-56.

Ellis, A., & Dryden, W. (1997). The practice of rational emotive behavior therapy. New York: Springer.

Ellis, A., Gordon, J., Neenan, M., & Palmer, S. (1997). Stress counseling: A rational emotive behavior approach. London: Cassell. New York: Springer.

Ellis, A., & Harper, R. A. (1997). A guide to rational living. North Hollywood, CA: Melvin Powers.

Ellis, A., & Tafrate, R. C. (1997). How to control your anger before it controls you. Two audio cassettes. Read by Stephen O'Hara. San Bruno, CA: Audio Literature.

Rogers, C. R. (1961). On becoming a person. Boston: Houghton-Mifflin.